

**APPLICATION FOR CERTIFICATION AS AN EMPLOYEE-LEASING COMPANY**

1. Unemployment Insurance Account Number	2. Federal Employer Identification Number
If you do not have an unemployment insurance (UI) account number, you must attach a completed Form UITL-100, Application for Unemployment Insurance Account and Determination of Employer Liability when you return this application. To download the form go to <a href="http://www.colorado.gov/cdle/ui">www.colorado.gov/cdle/ui</a> and click on <b>Forms &amp; Publications</b> .	
3. Employer Name (Legal Business Name)	
4. Trade Name (Doing Business As)	
5. Business Address (include city, state, and ZIP code)	
6. Colorado Business Address (if different from above)	
If you have more than one Colorado business address, provide any additional addresses on another sheet of paper and attach.	
7a. Contact Name	7b. Title
7c. Contact Telephone Number	7d. Contact E-mail Address

8. Provide the requested information for all owners and/or officers of a corporation. (Attach additional sheets of paper as necessary.)

Name	Title	Percent of Ownership or Interest

9. What percentage of your business is devoted to employee leasing? \_\_\_\_\_

10. How many work-site employers are contracted with your employee-leasing company in Colorado? \_\_\_\_\_

11. Do you specialize in providing employee-leasing services for any specific business or industry? ☐ Yes ☐ No

If **Yes**, specify the types of business or industry \_\_\_\_\_

12. Are you currently using any work-site employer's UI account number for premium and wage reporting purposes? ☐ Yes ☐ No

13. You have two options for reporting for UI purposes and paying UI premiums. Indicate below which option you prefer (check only **one** box).

☐ Report and pay UI premiums as the employing unit under the employee-leasing company's own UI account and rate.

☐ Report UI premiums for covered employees under the respective UI accounts and rates for each work-site employer.

NOTE: If the employee-leasing company fails to make an election, the employee-leasing company shall report UI premiums for covered employees under the respective UI accounts and rates for each work-site employer. In the future if your company is already electing to report and pay UI premiums as the employing unit under your own UI account and rate, you will be permitted to change the election one time after the initial election to report UI premiums under each work-site employer. Your election to report UI premiums under the UI accounts and rates for each work-site employer is final and may not be reversed.

14. Are the owners or officers of any work-site employer also employees of your employee-leasing company? ☐ Yes ☐ No

15. Do you share ownership or interest with any work-site employers? ☐ Yes ☐ No

If **Yes**, provide the work-site employer names and your percentage of ownership or interest. (Attach additional sheets of paper as necessary.) \_\_\_\_\_

16. Do your employee-leasing company and any work-site employer have common officers of a corporation? ☐ Yes ☐ No

If **Yes**, provide the work-site employer names and officer names and titles. (Attach additional sheets of paper as necessary.) \_\_\_\_\_

17. Are your employee-leasing company and any of the work-site employers operated in whole or in part by related family members of either the employee-leasing company or work-site employers? ☐ Yes ☐ No

If **Yes**, provide the names and job titles of the family members and the name of the business the family member operates. \_\_\_\_\_

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18. To obtain certification as an employee-leasing company conducting business in Colorado, you must provide evidence of your ability to pay UI premiums for all work-site employees. You must select **one** of the following methods by which you will provide this securitization to the UI Program:

- ☐ Execute and file a surety bond, letter of credit, or cash escrow equal to 50 percent of the total UI premiums assessed during the previous calendar year. The initial security amount for a new employee-leasing company is equal to the standard UI rate (.0170) multiplied by 50 percent of its projected chargeable payroll for the current calendar year as estimated by the employee-leasing company.

NOTE: Before the security amount can be determined, you must complete and return the enclosed Form UITL-39, Coemployer Annual Report and Certification, **and** a list of work-site employers and work-site employees as described on Form UITL-72, Report of Work-Site Employers and Employees. Upon review of these documents, the UI Program will send you Form UITL-73, Employee Leasing Company's Election to Submit Security, for your completion and return with the required security.

- ☐ Provide the most recent independently audited financial statement prepared by a certified public accountant using generally accepted accounting principles, which demonstrates that you have an accounting working capital of not less than \$100,000. The financial statement must be no older than 13 months.

NOTE: If you select this option, you must include the required independently audited financial statement when you return your completed application.

- ☐ Receive and provide an annual accreditation by a qualified, bonded, and independent assurance organization as approved by the Colorado Department of Labor and Employment.

NOTE: If you select this option, your accreditation as an employee-leasing company (signed by you and the assurance organization) must be received along with your completed application. The accreditation must provide certification of compliance with all applicable laws and regulations of the Colorado Employment Security Act (CESA) and the Regulations Concerning Employment Security.

Payment of a nonrefundable fee of \$500 must accompany this completed application. Make your check payable to the Colorado State Treasurer, and, if applicable, include your employer account number on your check. Do not send cash.

I acknowledge that I have read and understood the rights, requirements, and responsibilities set forth for employee-leasing companies and work-site employers under CESA 8-70-114 and 8-76-104 (8).

I certify that the information provided as part of this application is true, correct, and complete to the best of my knowledge.

Name of Owner, Partner, or Corporate Officer	Title
Signature	Date